

POSITION	ID NO.	DATE
CLASSIFIER		10-24-96
EXAMINER		
TYPIST		
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Final	Original	Date
1	✓		10/24/96
2	✓		
3	✓		
4	✓		
5	✓		
6	✓		
7	✓		
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Best Available Copy

SYMBOLS	
✓	Rejected
—	Allowed
— (Through number)	Cancelled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
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